

COMMUNITY DEVELOPMENT DEPARTMENT FAX: (480) 350-8560

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the City of Temp	e, Community	Development Departmen	t to
charge my credit card a one-time fee of \$		to pay for	
		·	
TYPE OF CARD [circle one]:	Visa	MasterCard	
NAME AS PRINTED ON CARD:			
CARD NUMBER:			
EXPIRATION DATE [MM / YYYY]:			
3 or 4 DIGIT SECURITY CODE:			
AUTHORIZING SIGNATURE:			
PRINTED NAME OF AUTHORIZING I	PERSON:		
TELEPHONE:	DAT	E:	

